

2021 GRANT APPLICATION FORM
DODGE TRUST BOARD OF TRUSTEES

City Attorney's Office, 209 Pearl Street
Council Bluffs, IA 51503 PH: (712) 890-5317

NAME OF APPLICANT _____

ADDRESS _____ TELEPHONE _____

CITY, STATE & ZIP _____

IRS EXEMPTION STATUS – UNDER WHICH SECTION (if applicable) _____
(Please attach copy)

FEDERAL ID # _____ DATE ORGANIZED _____

TOTAL PROJECT COST _____ AMOUNT REQUESTED _____

PLEASE ENCLOSE YOUR PROJECT BUDGET

WHICH OF THE FOLLOWING MOST ACCURATELY APPLY TO YOUR PROJECT? RESPOND TO THE REQUESTS FOR ADDITIONAL INFORMATION AS APPLICABLE.

_____ NEW PROGRAM _____ EXISTING PROGRAM

HOW HAS THIS PROJECT BEEN FUNDED IN THE PAST? _____

PREVIOUSLY APPLIED FOR DODGE TRUST FUNDS – YES _____ NO _____

DODGE TRUST HAS PREVIOUSLY FUNDED THIS PROJECT – YES _____ NO _____

LAST DATE FUNDS WERE RECEIVED _____

MATCHING FUNDS WILL BE UTILIZED ON THIS PROJECT – YES _____ NO _____

DODGE TRUST WILL BE THE SOLE SOURCE OF FUNDING FOR THIS PROJECT - YES _____ NO _____

WHAT OTHER SOURCES OF FUNDING WILL BE UTILIZED FOR THIS PROJECT? _____

DESCRIBE THE PURPOSE OF THIS REQUEST. BE SPECIFIC. (HOW MANY RESIDENTS OF COUNCIL BLUFFS WILL BENEFIT FROM THE PROJECT OR PROGRAM, AND HOW WILL THEY BENEFIT FROM THE PROJECT OR PROGRAM?)

PLEASE PROVIDE A BRIEF HISTORY, PURPOSE, AND LONG RANGE GOALS OF YOUR ORGANIZATION.

PLEASE LIST OTHER SIGNIFICANT FUNDING SOURCES FOR THIS PROJECT IN THE LAST THREE YEARS.

	\$	
	\$	
	\$	

DOES YOUR GRANT APPLICATION HAVE ANY COVID-19 RELATED EXPENSES, REQUESTS OR CONSIDERATIONS? IF SO, PLEASE EXPLAIN:

IS YOUR ORGANIZATION TAX SUPPORTED OR AFFILIATED WITH A TAX SUPPORTED ORGANIZATION – YES _____ NO _____

IF YES, PLEASE IDENTIFY THE ORGANIZATION (CITY, ETC.)

NAME _____ FEDERAL ID# _____

ADDRESS _____

WHAT OTHER AGENCIES OR ORGANIZATIONS DO YOU PROVIDE ASSISTANCE TO OR ARE ASSISTED BY?

PLEASE PROVIDE A COPY OF YOUR MOST RECENT ANNUAL REPORT, INCLUDING FINANCIAL STATEMENTS, YOUR CURRENT YEAR BUDGET AND GROSS ANNUAL INCOME FOR THE PAST THREE YEARS (ADDITIONAL INFORMATION MAY ALSO BE REQUESTED)

NAME OF ORGANIZATION _____

NAME _____

TITLE _____

SIGNATURE _____

DATE: _____

E-MAIL ADDRESS: _____

**PLEASE DO NOT SEND BROCHURES, DOUBLE-SIDED PAGES OR BINDERS – ATTACHEMENTS
WILL BE COPIED AND DISTRIBUTED TO BOARD MEMBERS**